

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 6, 2001

ALL-COUNTY INFORMATION NOTICE NO: I-64-01

TO: ALL COUNTY WELFARE DIRECTORS
ADULT PROTECTIVE SERVICES (APS)
PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: REVISED SOC 343, *INVESTIGATION OF SUSPECTED
DEPENDENT ADULT/ELDER ABUSE*

This All-County Information Notice (ACIN) informs Adult Protective Services (APS) agencies that the optional investigation form used by some APS social workers, *Investigation of Suspected Dependent Adult/Elder Abuse* (SOC 343), has been revised. The California Department of Social Services (CDSS), in consultation with the California Welfare Directors Association's APS Task Force, has updated the form and instructions so that it is consistent with the *Report of Suspected Dependent Adult/Elder Abuse* (SOC 341).

SOC 343 Changes

The header has been changed to include the reminder that information contained in the SOC 343 is considered confidential, and is not subject to public disclosure. Part A, "APS Investigation Information," has been renumbered and "Fiduciary Indicators" has been changed to "Financial Indicators." Part B, "Statements," has been renumbered; Part C, "Additional Information or Statements," has been revised for clarification; and Part D, "Outcome of APS Investigation," items #12 and #13 have been deleted. The new #14 in Part D, under "Allegations and Findings," lists types of abuse and the outcome of the investigation, including whether the abuse was confirmed, inconclusive, or unfounded. The new form will be printed in duplicate, rather than in triplicate, as it was in the past.

Where to Obtain the Form

The form is available on the Department's website, at <http://www.dss.cahwnet.gov/getinfo>, and may be downloaded for use by county APS agencies. It is available in quantity at the CDSS' Warehouse, and may be ordered by completing the County Form GEN 727B, and mailing or faxing the request to:

California Department of Social Services Warehouse
Post Office Box 980798-0788
West Sacramento, California 95798-0788
Telephone (916) 371-1974
Fax (916) 371-3518

The revised form is attached to this ACIN. Please contact your assigned analyst in the Adult Protective Services Bureau at (916) 229-0323 if you have any questions regarding this notice.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam on 8/2/01***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

INVESTIGATION OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE – Page 1 of 2

TO BE COMPLETED BY APS SOCIAL WORKER

DEPENDENT ADULT/ELDER NAME (LAST NAME FIRST)	APS CASE NO.	SSN
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A. APS INVESTIGATION INFORMATION - ADDITIONAL SPACE ON PAGE TWO

1. DATE(S) AND TIME(S) OF INCIDENT(S)	2. DATE(S) AND TIME(S) INVESTIGATED BY APS
3. NAME OF SUSPECTED ABUSER	
4. SUMMARY OF ALLEGATIONS	
5. DESCRIBE CHARACTERISTICS OF VICTIM'S ENVIRONMENT (LIVING QUARTERS, ADEQUACY OF CARE, FINANCIAL ARRANGEMENTS, ETC.)	
6. ABUSE/SELF-NEGLECT INDICATORS OBSERVED OR REPORTED AT TIME OF INVESTIGATION (CIRCLE ALL THAT APPLY) a. <u>Physical Indicators</u> : Bruises Burns Welts Fractures Dislocations Lacerations Abrasions Skin Irritations Skin disorders Bedsores Friction burns Untreated injuries Untreated medical/dental problem Stomachaches Malnutrition Dehydration Pallor Sunken eyes/cheeks Fleas Lice/nits No food/water Signs of confinement Poor hygiene Unwashed clothing/bedding Inadequate heating Unsanitary conditions Unsafe housing b. <u>Behavioral Indicators</u> : Fear Denial Trembling Implausible/conflicting stories Regressive behavior Helplessness Non-responsiveness Resignation Agitation Depression Sleeping disturbances Excessive sleeping c. <u>Sexual Abuse Indicators</u> : Sexually transmitted disease Genital discharge/infection Genital trauma (Bruises, etc.) Difficulty walking/sitting Excessive body consciousness Fecal soiling Inappropriate sexual behavior d. <u>Financial Indicators</u> : Unusual bank account activity Inappropriate interest by relative/caretaker Isolated Numerous unpaid bills Lack of affordable necessities/amenities Promise of lifelong care Inappropriately executed/exercised Power of Attorney Forged signature Personal belongings/valuables missing Recent will/transfer of property	
7. DESCRIBE PHYSICAL EVIDENCE OF ABUSE/SELF-NEGLECT (CLARIFY INDICATORS ABOVE OR INCLUDE ADDITIONAL INFORMATION)	
8. DESCRIBE HOW/WHY ABUSE APPEARS TO HAVE BEEN COMMITTED (MAY INCLUDE WEAPONS USED, POSSIBLE MOTIVE, ETC.)	

B. STATEMENTS - ADDITIONAL SPACE ON PAGE TWO. A SIGNED STATEMENT (OPTIONAL) MAY BE OBTAINED FROM ANY OF THE PARTIES LISTED BELOW.

9. VICTIM'S STATEMENT (INCLUDE REPORTS OF THREATS, INTIMIDATION, HARASSMENT)
10. ASSESSMENT OF VICTIM'S WILLINGNESS AND ABILITY TO COOPERATE WITH INVESTIGATION AND PROSECUTION

PRINT APS SOCIAL WORKER NUMBER	SIGNATURE OF APS SOCIAL WORKER	DATE
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INSTRUCTIONS FOR COMPLETING THE SOC 343

Page 1 of 2

Heading - Give client's name, APS case number and social security number.

Part A - APS Investigation Information

1. Give date(s) and time(s) of incident(s) as reported.
2. Give date(s) and time(s) the incident(s) are actually investigated by APS.
3. Give suspected abuser's name.
4. Give summary of allegations as reported.
5. Describe the pertinent characteristics of the victim's environment including conditions of his/her present living quarters, the adequacy of care being provided, what types of financial arrangements the victim has, etc.
6. Circle all the abuse/self-neglect indicators that are observed or reported by the victim at the time of the APS investigation.
7. Describe the physical evidence of abuse/self-neglect observed or reported by the victim at the time of the APS investigation. This section may be used to clarify the indicators reported under A6 above.
8. Describe how or why the abuse appears to have been committed. This requires a subjective determination by the APS worker performing the investigation.

Part B - Statements

9. Summarize the victim's statement as given to the APS worker performing the investigation.
10. Give an assessment of the victim's willingness and ability to cooperate with an investigation and prosecution. This requires a subjective determination by the APS worker doing the investigation.

Footing - Give APS social worker number, APS social worker signature, and date the SOC 343 was completed.

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INVESTIGATION OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE – Page 2 of 2
TO BE COMPLETED BY APS SOCIAL WORKER

DEPENDENT ADULT/ELDER NAME (LAST NAME FIRST)	APS CASE NO.	SSN
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11. SUSPECTED ABUSER'S STATEMENT

12. STATEMENT(S) OF OTHER PERTINENT PARTIES (INCLUDE ADDRESS/TELEPHONE NUMBER IF NOT ON SOC 341)

13. ARE OTHER AGENCIES INVOLVED IN INVESTIGATION? ☐ YES ☐ NO IF SO, GIVE AGENCY NAME AND NAME AND TELEPHONE NUMBER OF CONTACT PERSON

C. USE THIS SPACE FOR ADDITIONAL INFORMATION OR STATEMENTS - IF CONTINUATION FROM PREVIOUS ITEM, PLEASE SPECIFY ITEM NUMBER.

D. OUTCOME OF APS INVESTIGATION

14. ALLEGATIONS AND FINDINGS

PERPETRATED BY OTHERS:

<input type="checkbox"/> Physical	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Sexual	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Financial	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Neglect	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Isolation	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Abduction	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Psychological	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded

PERPETRATED BY SELF:

<input type="checkbox"/> Physical Care	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Malnutrition/Dehydration	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Financial	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded

15. COMMENTS

PRINT APS SOCIAL WORKER NUMBER	SIGNATURE OF APS SOCIAL WORKER	SIGNATURE OF APS SUPERVISOR
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INSTRUCTIONS FOR COMPLETING THE SOC 343

Page 2 of 2

Heading - Give client's name, APS case number and social security number.

Part B - Statements (continued)

11. Summarize the suspected abuser's statement.
12. Summarize the statements of any other pertinent parties, identifying the person by name, address and telephone number if this information is not already included on the SOC 341.
13. Indicate if other agencies are involved in the investigation. If so, give the agency name and telephone number of a contact person.

Part C - Additional Space

Use this additional space to continue any items under parts A or B.

Part D - Outcome of APS Investigation

14. Indicate allegations and findings.
15. Use this space for additional comments.

Footing - Give APS social worker number, APS social worker signature, and APS supervisor signature.